



Plan First! **Family Planning Waiver Program** **Covered Services** **January 2012**

The **Plan First!** (Family Planning Waiver Program) is a limited services benefit plan which covers office visits, routine laboratory, diagnostic tests and surgical procedures associated with family planning. Initial treatment for Sexually Transmitted Infections (STI) is covered when provided in conjunction with other family planning services. The **Plan First!** will cover all pharmaceuticals within the therapeutic drug classes appearing in Table 6 as they relate to family planning, initial treatment of STIs and sterilization services.

This document provides a current list of covered services' codes for **Plan First!** The Current Procedural Terminology (CPT) codes listed below in Tables 1 - 4 will only be covered when accompanied by one of the ICD-9-CM diagnosis codes identified in Table 5 on the claim form. For more information regarding this program, refer to the **PLAN FIRST!** Family Planning Waiver Chapter located in the Michigan Medicaid Provider Manual via the MDCH website. To access this information, click hyperlink:
<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

Covered CPT Codes

Table 1

| Evaluation and Management (Office Visit) Codes | |
|--|-----------------------------|
| Codes are covered only if they are provided for a family planning visit. | |
| CPT Code | Description |
| 99201 | Office/Outpatient Visit New |
| 99202 | Office/Outpatient Visit New |
| 99203 | Office/Outpatient Visit New |
| 99211 | Office/Outpatient Visit Est |
| 99212 | Office/Outpatient Visit Est |
| 99213 | Office/Outpatient Visit Est |
| 99385 | Prev Visit New Age 18-39 |
| 99386 | Prev Visit New Age 40-64 |
| 99395 | Prev Visit Est Age 18-39 |
| 99396 | Prev Visit Est Age 40-64 |

Table 2

| Procedure and Laboratory Codes | |
|---|------------------------------|
| Codes are covered only if they are provided during an initial, annual or periodic family planning visit | |
| CPT Code | Description |
| 11976 | Removal of Contraceptive Cap |
| 11981 | Insert Drug Implant Device |
| 57170 | Fitting Of Diaphragm/Cap |
| 58300 | Insert Intrauterine Device |
| 58301 | Remove Intrauterine Device |
| 58340 | Catheter for Hysterography |
| 74740 | X-ray Female Genital Tract |



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| Procedure and Laboratory Codes | |
|---|-------------------------------|
| Codes are covered only if they are provided during an initial, annual or periodic family planning visit | |
| CPT Code | Description |
| 80048 | Metabolic Panel Total Ca |
| 80053 | Comprehen Metabolic Panel |
| 80076 | Hepatic Function Panel |
| 81000 | Urinalysis Nonauto W/Scope |
| 81001 | Urinalysis Auto W/Scope |
| 81002 | Urinalysis Nonauto W/O Scope |
| 81003 | Urinalysis Auto W/O Scope |
| 81015 | Microscopic Exam Of Urine |
| 81025 | Urine Pregnancy Test |
| 82465 | Assay Bld/Serum Cholesterol |
| 82947 | Assay Glucose Blood Quant |
| 82948 | Reagent Strip/Blood Glucose |
| 84703 | Chorionic Gonadotropin Assay |
| 85013 | Spun Microhematocrit |
| 85014 | Hematocrit |
| 85018 | Hemoglobin |
| 85660 | Rbc Sickle Cell Test |
| 86592 | Syphilis Test Non-Trep Qual |
| 86689 | Htlv/Hiv Confirmatory Test |
| 86701 | Hiv-1 |
| 86702 | Hiv-2 |
| 86703 | Hiv-1/Hiv-2 Single Assay |
| 86780 | Treponema Pallidum |
| 87070 | Culture Bacteria Other |
| 87075 | Culture Bacteria Except Blood |
| 87077 | Culture Aerobic Identify |
| 87081 | Culture Screen Only |
| 87110 | Culture Chlamydia |
| 87205 | Smear Gram Stain |
| 87207 | Smear Special Stain |
| 87210 | Smear Wet Mount Saline/Ink |
| 87270 | Chlamydia Trachomatis Ag If |
| 87273 | Herpes Simplex 2 Ag If |
| 87274 | Herpes Simplex 1 Ag If |
| 87340 | Hepatitis B Surface Ag Eia |
| 87320 | Chylmd Trach Ag Eia |
| 87480 | Candida Dna Dir Probe |
| 87490 | Chylmd Trach Dna Dir Probe |
| 87491 | Chylmd Trach Dna Amp Probe |



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| Procedure and Laboratory Codes | |
|---|------------------------------|
| Codes are covered only if they are provided during an initial, annual or periodic family planning visit | |
| CPT Code | Description |
| 87528 | Hsv Dna Dir Probe |
| 87590 | N.Gonorrhoeae Dna Dir Prob |
| 87591 | N.Gonorrhoeae Dna Amp Prob |
| 88141 | Cytopath C/V Interpret |
| 88142 | Cytopath C/V Thin Layer |
| 88143 | Cytopath C/V Thin Layer Redo |
| 88147 | Cytopath C/V Automated |
| 88148 | Cytopath C/V Auto Rescreen |
| 88155 | Cytopath C/V Index Add-On |
| 88164 | Cytopath Tbs C/V Manual |
| 88165 | Cytopath Tbs C/V Redo |
| 88166 | Cytopath Tbs C/V Auto Redo |
| 88167 | Cytopath Tbs C/V Select |
| 88174 | Cytopath C/V Auto In Fluid |
| 88175 | Cytopath C/V Auto Fluid Redo |
| 96372 | Ther/Proph/Diag Inj Sc/Im |

Table 3

| Contraceptive Supply Codes | |
|----------------------------|---------------------------------|
| HCPCS Code | Description |
| A4266 | Diaphragm |
| A4267 | Male Condom |
| A4268 | Female Condom |
| A4269 | Spermicide |
| J0696 | Ceftriaxone Sodium Injection |
| J1055 | Medroxyprogesterone Acetate Inj |
| J1056 | MA/EC Contraceptive Injection |
| J7300 | Intraut Copper Contraceptive |
| J7302 | Levonorgestrel Iu Contracept |
| J7303 | Contraceptive Vaginal Ring |
| J7304 | Contraceptive Hormone Patch |
| J7307 | Etonogestrel Implant System |
| Q0144 | Azithromycin Dihydrate, Oral |
| S4989 | Contracept Iud |
| S4993 | Contraceptive Pill For Bc |



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Table 4

| Sterilization Procedure Codes | |
|--------------------------------------|----------------------------|
| CPT Code | Description |
| 00840 | Anesth Surg Lower Abdomen |
| 00851 | Anesth Tubal Ligation |
| 00952 | Anesth Hysteroscope/Graph |
| 58565 | Hysteroscopy Sterilization |
| 58600 | Division of Fallopian Tube |
| 58615 | Occlude Fallopian Tube(s) |
| 58670 | Laparoscopy Tubal Cautery |
| 58671 | Laparoscopy Tubal Block |

ICD-9-CM Codes

Table 5

| ICD-9-CM Diagnosis Codes | |
|---------------------------------|---------------------------|
| ICD-9-CM Code | Description |
| V25.01 | Prescrip-Oral Contracept |
| V25.02 | Initiate Contracept Nec |
| V25.03 | Contracept Mgmt-Emergency |
| V25.04 | Natrl Fam Pln-Avoid Preg |
| V25.09 | Contraceptive Mangmt Nec |
| V25.11 | Insertion Of IUD |
| V25.12 | Removal Of IUD |
| V25.13 | Remove/Insert IUD |
| V25.2 | Sterilization |
| V25.3 | Menstrual Extraction |
| V25.40 | Contracept Surveill Nos |
| V25.41 | Contracept Pill Surveill |
| V25.42 | Iud Surveillance |
| V25.43 | Srvl Mplnt Sbdm Cntrcep |
| V25.49 | Contracept Surveill Nec |
| V25.5 | Nsrt Mplnt Sbdm Cntrcep |
| V25.8 | Contraceptive Mangmt Nec |
| V25.9 | Contraceptive Mangmt Nos |



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Pharmaceuticals

This program will cover antiviral medications for the initial treatment of a STI, which is limited to general antiviral and topical antiviral medications. This does not include pharmaceuticals for the treatment of Hepatitis B, Hepatitis C, or HIV.

Table 6

| Drug Therapeutic Class | |
|-------------------------------|---|
| Description | Description |
| Contraceptives, Non-systemic | Cephalosporins |
| Systemic Contraceptives | Trimethoprim |
| Tetracyclines | Antivirals |
| Penicillins | Narcotic Analgesics (for sterilization surgical procedures) |
| Erythromycins | Non-Narcotic Analgesics (for sterilization surgical procedures) |
| Streptomycins | Antifungals |
| Flagyl | |